

Integrative Developmental and Behavioral Pediatrics, LLC

ADDITIONAL PARENTS/GUARDIANS

Patient Name _____ DOB _____ Gender (M/F/other)

Parent/Guardian _____ DOB _____ Gender (M/F/other)

Relationship to patient _____

Address _____ Home phone _____

City/State/Zip _____ Cell Phone _____

Employer/Occupation _____ Work phone _____

Communication by email represents a potential risk to patient confidentiality. By furnishing my email, I consent to the use of email to communicate. Email: _____

Would you like to receive information about changes to our office schedule or location, community resources and general medical information from our practice via email? (1-4 emails per month). **Please circle one: yes / no / will decide later**

We sometimes host medical students or physicians who appreciate observing appointments to learn more about developmental and behavioral pediatrics. Would you feel comfortable with an observer during your appointment? You can always change your mind, even at the last minute. **Please circle one: yes / no / will decide later / please ask before each appointment**

Please indicate best way to contact you: **Please circle one: cell / home / email / other:** _____

Parent/Guardian _____ DOB _____ Gender (M/F/other)

Relationship to patient _____

Address _____ Home phone _____

City/State/Zip _____ Cell Phone _____

Employer/Occupation _____ Work phone _____

Communication by email represents a potential risk to patient confidentiality. By furnishing my email, I consent to the use of email to communicate. Email: _____

Would you like to receive information about changes to our office schedule or location, community resources and general medical information from our practice via email? (1-4 emails per month). **Please circle one: yes / no / will decide later**

We sometimes host medical students or physicians who appreciate observing appointments to learn more about developmental and behavioral pediatrics. Would you feel comfortable with an observer during your appointment? You can always change your mind, even at the last minute. **Please circle one: yes / no / will decide later / please ask before each appointment**

Please indicate best way to contact you: **Please circle one: cell / home / email / other:** _____